

**FIGURE F-1: COMPLIANCE CHECK CONTROL SHEET**

**GENERAL INFORMATION      CMS Control #:**

**Establishment Name:** \_\_\_\_\_ **Corporate Name:** \_\_\_\_\_  
**Street Address:** \_\_\_\_\_ **Street Address:** \_\_\_\_\_  
**City, State, Zip Code:** \_\_\_\_\_ **City, State, Zip Code:** \_\_\_\_\_

Company Contacts		Name	Title	Telephone Number
Establishment	CEO			
	EEO/AA			
Corporate	CEO			
	EEO/AA			

Outside Representation	Firm	Telephone Number

Total Employees	Total Minority	Total Female

**Type of Review**                      **Multiple Facility**                      **Last Review Date**  
 Initial     Follow-Up     Yes     No                      /    /

**DATES**

Compliance Check Letter Mailed	On-site	Closure Letter Issued
/ /	/ /	/ /

**FINDINGS**

Inspected Items	Yes	No	N/A
• Information on prior year report	___	___	___
• Job advertisements, including evidence of job listings with the appropriate employment service delivery system (the state workforce agency job bank or the local employment service delivery system where the opening occurs)	___	___	___
• Accommodations for individuals with disabilities	___	___	___

If an item is not applicable, indicate the reason here:

Federal Contract Compliance Manual (FCCM)

**RECOMMENDATION FOR CLOSURE**

- If no items missing, leave blank.
- If prior year report missing (unless contractor was not covered in prior year), check under column #1.
- If job listings information missing, check under column #2.
- If accommodations information missing, check under column #3.
- If contractor refuses to grant access, check appropriate space.

	#1	#2	#3
	Prior Year Report	Job Listings	Accommodations
<b>Recordkeeping</b>			

(Checking one of the above spaces will place the contractor into a pool for further evaluation.)

<b>Failure to Grant Access (Explain)</b>	
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(Checking the space above will indicate the contractor will be selected for another compliance evaluation method.)

**Technical Assistance Needed:** \_Yes\_ \_No

**Additional Pertinent Information:**

	Compliance Officer	ADD	DD
<b>Signature</b>			
<b>Date</b>			